

## Intent to Use Review Averaging

<b>Name of Institution:</b>	<b>Agreement Number:</b>

**Directions:** Please complete this form if you intend to use review averaging during fiscal year 2005 (10/1/04-9/30/05) and return to:

Robin Searles

Iowa Department of Education

Bureau of Nutrition Programs and School Transportation

Grimes State Office Building

East 14<sup>th</sup> and Grand Ave.

Des Moines, Iowa 50319

**Do not return this form if you do not intend to use review averaging.**

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☐ Check here if you plan to use review averaging during fiscal year 2005.

Please list the centers you sponsor, the number of claims that you expect will be filed for each and the number of reviews you plan to conduct for each center:

Sponsored Center Name	No. of claims	No. of reviews

Continue on a separate sheet of paper if needed.

We will complete a total\* of \_\_\_\_\_ reviews from 10/1/04-9/30/05.

\*3 x the number of sponsored centers with 12 claims + 2 x the number of centers with 5-11 claims + 1 x the number of centers with 1-4 claims= the total number of reviews.